

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66	2		
67	2		
68	1		
69	1	1	
70			
71			
72			
73	1	1	
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97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.		30	43
TOTAL CLAIMS		73	